PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

70416

P.O. BOX 640640 SAN JOSE, CA 95164-0640

7590

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

04/14/2008

THELEN REID BROWN RAYSMAN & STEINER LLP

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

INSTRICTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION IEE (if required.) Backed. I through 5 should be completed where appropriate. All interfer correspondance including the Paton, advance orders and notification of maintenance fees will be mailed to the current correspondance address, as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondance address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees conditications.

CURRENT CORRESPONDENCE ADDRESS Out: Use Block 1 for my change of address)

Note: A certificate of mainting can only be used for of domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment of formal drawing, must have its own certificate of maining or transmission.

							(Depositor's name)
							(Signature)
			[(Date)
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION	
10/719,072	11/21/2003		Mali Gong		060483.000003		2272
TITLE OF INVENTION	: CORNER-PUMPING	METHOD AND GAIN	MODULE FOR HIGH	POWER SLAB LASE	R		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0		\$1020	07/14/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
GOLUB, MARCIA A		2828	372-069000	_			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Thelen Reid Brown Raysma				
	ondence address (or Cha 3/122) attached.	inge of Correspondence	or agents OR, alternatively,			-	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			(2) the name of a single firm (having as a member a 2 & Stelner registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Uni recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on th T a substitute for filing	patent. If an assign an assignment.	ee is i	dentified below, the do	scument has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
TSINGHU	JA UNIVERSITY	Beijing, C	hina				
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	☐ Individual ☐ C	orporat	ion or other private gro	up entity Government
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (I	lease first reapply a	ny pre	viously paid issue fee s	hown above)
Issue Fee			A check is enclosed.				
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50–2811 (enclose an extra copy of this form).				
			overpayment, to D	eposit Account Numb	er <u>50</u> -	-2811 (enclose an	extra copy of this form).
 Change in Entity Sta Applicant claim 	s SMALL ENTITY state		b. Applicant is no	longer claiming SMA	LLEN	TITY status. Sec 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte ites Patent and Trademark	ed from anyone other the	in the applicant; a reg	istered	attorney or agent; or the	e assignee or other party in
		er, Reg. No. 45	,229/	Date Ma	-		
Typed or printed name Aaron Wininger				Registration !			
This collection of inform an application. Confiden submitting the completes this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 d application form to the ons for reducing this bu firginia 22313-1450. DC 13-1450.	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain 1.14. This collection is 4 depending upon the ir the Chief Information Of COMPLETED FORMS	or retain a benefit by a estimated to take 12 dividual case. Any co ficer, U.S. Patent and TO THIS ADDRES:	the pub minute ommen Trader S. SEN	lic which is to file (and s to complete, including ts on the amount of tin nark Office, U.S. Depa D TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete atment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033